

4 Payment Information (Check only one box. Provide school name and address ONLY for direct payments to the school.)

- Pay to Account Owner by Check** (The check will be mailed to the Account Owner's address of record.)
- Pay to Beneficiary by Check** (The check will be mailed to the Beneficiary's address of record.)
- Pay to Account Owner by Electronic Funds Transfer (EFT)** (Funds will be sent to the Account Owner's bank.)
The option to receive payments by EFT is only available if the Program has your bank account on file for at least 30 days without any changes; otherwise a check will be mailed to your address of record. Your bank account will be credited separately for the contributions and earnings amounts, if any, from each Investment Option. You will receive more than one deposit into your bank account.

Pay to Eligible Educational Institution (Complete the information below.)

Please verify the mailing instructions before submitting this form for payment and provide student ID, if required by the school.

Note: Payments for qualified expenses for a foreign Eligible Educational Institution will be paid directly to the Account Owner.

S C H O O L N A M E

Eligible Educational Institution Name (School)

A N N E M S A M P L E I D # 2 3 4

Student Name, ID or other Identifying Information (This information will appear on both the mailing address and on the check.)

A T T N B U R S A R ' S O F F I C E

School Mailing Address (Line 1)

1 2 3 M I C H I G A N A V E N U E

School Mailing Address (Line 2)

A N Y T O W N M I 1 2 3 4 5

School City, State, Zip

5 Signature and Certification (This section must be signed or the withdrawal cannot be processed.)

By signing below, I certify that the information contained in this Form, and in any required documentation, is true, complete and correct. I authorize a withdrawal from my Account based on this information. I understand and agree to all terms of the withdrawal as presented on this Form.

If this withdrawal is for Qualified Higher Education Expenses, I further certify that:

The requested withdrawal represents qualified higher education expenses for the enrollment or attendance of my Beneficiary at an Eligible Educational Institution. To the best of my knowledge, no other request has been previously submitted to this Program, or to any other Qualified Tuition Program, for reimbursement or payment of this/these expenses by me or my Beneficiary. To the best of my knowledge, withdrawals for room and board expenses of the Beneficiary for the applicable academic year have not exceeded the limitations described in the *Withdrawal Guidelines*.

If I am participating in the Automatic Contribution Plan (ACP), my participation in ACP will be cancelled if I have requested a withdrawal of my entire Account balance (in all Investment Options) but it will continue if I have only requested a partial withdrawal from my Account unless an *Electronic Banking Information Form* accompanies this form.

If I am making contributions by payroll deduction, I understand that my payroll contributions will continue into this Account, regardless of the amount withdrawn, unless an updated *Payroll Deduction Form* accompanies this form to reallocate payroll contributions among my Account(s). I also understand that I must notify my employer if I want to stop or change the amount of my payroll deduction.

I certify that I am the Account Owner, or I have the authority to act as the Account Owner. (If I am an individual acting in a legal capacity as a representative of the Account Owner, or an entity Account Owner, a Medallion Signature Guarantee appears below.) If I am withdrawing my entire account balance, I request the cancellation of my *Participation Agreement* and the closure of my Account.

John A Sample

10/1/10

Signature of Account Owner, Custodian or Authorized Representative of an Individual or Entity Account Owner

Date

Important Information

A Medallion Signature Guarantee is required for all entity Accounts, for Accounts in which the individual completing this form is acting in a legal capacity as a representative of the individual Account Owner, and for accounts in which the address of record or the Account Owner has been changed in the past 30 days. You may be required to provide proof of your authority to act on behalf of this Account to your bank or broker before a Medallion Signature Guarantee will be provided.

Note: A Medallion Signature Guarantee is not required for an individual account if a Program *Power of Attorney Form* is on file, or if a Program *Power of Attorney Form* accompanies this form.

GUARANTOR TO AFFIX STAMP HERE



Mail this form to:
Regular Mail
(If needed, call for overnight mailing address.)

Michigan Education Savings Program
PO Box 55925
Boston, MA 02205-5925

Program Administration by TIAA-CREF Tuition Financing, Inc.